



Describing interRAI LTCF Outcome Scales

Outcome scales	Description	interRAI LTCF assessment items	Score range
ABS Aggressive Behaviour Scale	This scale provides a measure of aggressive behaviour. The ABS is highly correlated with the Cohen Mansfield Agitation Inventory (CMAI) Aggression Subscale .	<ul style="list-style-type: none">• Verbal abuse (E3b)• Physical abuse (E3c)• Socially inappropriate or disruptive behaviour (E3d)• Resists care (E3f)	0–12 Higher scores indicate greater frequency and diversity of aggressive behaviour.
ADL Long Form	This scale provides a measure of the person's ability to perform activities of daily living (ADLs). The ADL Long Form is more sensitive to clinical changes than the other ADL scales.	<ul style="list-style-type: none">• Personal hygiene (G1b)• Dressing upper body (G1c)• Dressing lower body (G1d)• Locomotion (G1f)• Toilet use (G1h)• Bed mobility (G1i)• Eating (G1j)	0–28 Higher scores indicate more impairment of self-sufficiency in ADL performance.
ADL Self-Performance Hierarchy Scale	This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (early loss: personal hygiene; middle loss: toileting and locomotion; late loss: eating).	<ul style="list-style-type: none">• Personal hygiene (G1b)• Locomotion (G1f)• Toilet use (G1h)• Eating (G1j)	0–6 Higher scores indicate greater decline (progressive loss) in ADL performance.
ADL Short Form	This scale provides a measure of the person's ADL self-performance status based on items that reflect stages of loss (early, middle and late loss).	<ul style="list-style-type: none">• Personal hygiene (G1b)• Locomotion (G1f)• Toilet use (G1h)• Eating (G1j)	0–16 Higher scores indicate more impairment of self-sufficiency in ADL performance.



Job Aid

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<p>CHES Changes in Health, End Stage Disease and Signs and Symptoms</p>	<p>This scale detects frailty and health instability and was designed to identify persons at risk of serious decline.</p>	<ul style="list-style-type: none"> • Change in decision-making (C5) • Change in ADL status (G5) • Vomiting (J2n) • Peripheral edema (J2u) • Dyspnea (J3) • End-stage disease, 6 or fewer months to live (J6c) • Weight loss (K2a) • Dehydrated or BUN/creatinine ratio >20 (K2b) • Fluid intake <1000 ml/day (K2c) • Fluid output exceeds input (K2d) • Decrease in amount of food or fluids usually consumed (K2e) • Ate one or fewer meals on at least 2 of last 3 days (K2f) 	<p>0–5 Higher scores are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health.</p>
<p>Communication Scale</p>	<p>This scale summarizes the person’s ability to communicate with others and to comprehend information.</p>	<ul style="list-style-type: none"> • Making Self Understood (D1) • Ability to Understand Others (D2) 	<p>0–8 Higher scores indicate greater difficulty in communicating with others.</p>
<p>CPS Cognitive Performance Scale</p>	<p>This scale describes the cognitive status of a person. Validated against the Mini-Mental State Examination (MMSE) and the Test for Severe Impairment (TSI).</p>	<ul style="list-style-type: none"> • Cognitive Skills for Daily Decision-Making (C1) • Short-term memory OK (C2a) • Making Self Understood (D1) • Eating (G1j) 	<p>0–6 Higher scores indicate more severe cognitive impairment.</p>
<p>DbSI Deafblind Severity Index Scale</p>	<p>This scale is a summary measure of impairment in hearing and vision.</p>	<ul style="list-style-type: none"> • Hearing (D3a) • Vision (D4a) 	<p>0–5 Higher scores indicate a greater degree of impairment in both senses.</p>



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DRS Depression Rating Scale	<p>This scale can be used as a clinical screen for depression.</p> <p>Validated against the Hamilton Depression Rating Scale (HDRS), the Cornell Scale for Depression in Dementia (CSDD) and the Calgary Depression Scale (CDS).</p>	<ul style="list-style-type: none"> • Made negative statements (E1a) • Persistent anger with self or others (E1b) • Expressions, including non-verbal, of what appear to be unrealistic fears (E1c) • Repetitive health complaints (E1d) • Repetitive anxious complaints/concerns (E1e) • Sad, pained or worried facial expressions (E1f) • Crying, tearfulness (E1g) 	<p>0–14</p> <p>A score of 3 or more may indicate a potential or actual problem with depression.</p>
FRS Fracture Risk Scale	<p>This scale identifies the person's risk of fractures related to falls within 1 year of assessment.</p>	<ul style="list-style-type: none"> • Wandering (E3a) • Walking (G1e) • Transfer Toilet (G1g) • Hip fracture during last 30 days (or since last assessment if less than 30 days) (I1a) • Other fracture during last 30 days (or since last assessment if less than 30 days) (I1b) • Falls (J1a or J1b or J1c \geq1) • Body Mass Index ($K1b \div (K1a \times 0.01)^2$) • Age at Assessment (A9 – A3) • Cognitive Performance Scale 	<p>1–8</p> <p>Higher scores indicate a higher risk of hip fractures and other fractures related to falls within 1 year of assessment.</p>
interRAI PURS Pressure Ulcer Risk Scale	<p>This scale identifies persons at various levels of risk for developing a pressure ulcer with the objective of targeting risk factors for prevention.</p> <p>As an output from an interRAI assessment, the interRAI PURS eliminates the need to duplicate effort with separate pressure ulcer risk scoring.</p>	<ul style="list-style-type: none"> • Walking (G1e) • Bed mobility (G1i) • Bowel Continence (H3) • Dyspnea (J3) • Frequency with which person complains or shows evidence of pain (J5a) • Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a) • Prior Pressure Ulcer (L2) 	<p>0–8</p> <p>Higher scores indicate a higher relative risk of developing a new pressure ulcer.</p>



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Pain Scale	This scale summarizes the presence and intensity of pain. This scale validates well against the Visual Analogue Scale .	<ul style="list-style-type: none"> • Frequency with which person complains or shows evidence of pain (J5a) • Intensity of highest level of pain present (J5b) 	0–4 Higher scores indicate more severe pain.
RISE Revised Index of Social Engagement	This scale describes the person’s sense of initiative and social involvement in the facility.	<ul style="list-style-type: none"> • At ease interacting with others (F2a) • At ease doing planned or structured activities (F2b) • Accepts invitations into most group activities (F2c) • Pursues involvement in the life of the facility (F2d) • Initiates interaction(s) with others (F2e) • Reacts positively to interactions initiated by others (F2f) 	0–6 Higher scores indicate a higher level of social engagement. Note: Unlike on other interRAI scales, higher scores on the RISE are a good thing.

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